

APR 27 2010

FAX

TO: Commissioner for Patents, Mail Stop:	FROM: Peter P. Tong Ph: 650-283-3535 Fax: 650-903-9800
COMPANY: United States Patent Office	DATE: 4/27/2010
FAX NUMBER: 571-273-8300	NO. OF PAGES (INCLUDING COVER): 27
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: 170-Cont2
RE:	RECIPIENT'S REFERENCE NUMBER: 10/734,932

NOTES/COMMENTS:

Transmitted herewith are the following documents for entry into the above-noted file:

Request for Continued Examination (RCE)	2 pages
Credit Card Payment Form	1 page
Amendment Transmittal	1 page
Amendment	16 pages
New Sheet - Figure 9	1 page
Declaration of David Czerwinski	1 page
Curriculum Vitae for David Czerwinski	4 pages

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL NAMED ABOVE AND OTHERS WHO HAVE BEEN SPECIFICALLY AUTHORIZED TO RECEIVE SUCH. IF THE RECIPIENT IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, OR IF ANY PROBLEMS OCCUR WITH TRANSMISSION, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AT (650)903-9200. THANK YOU.

APR 27 2010

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: HO et al.

Attorney Docket No.: 170-Cont2

Application No.: 10/734,932

Examiner: LEIVA, FRANK M.

Filed: December 12, 2003

Group: 3714

Title: COMPUTER-AIDED LEARNING
SYSTEM AND METHOD**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being transmitted by facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 27, 2010.

Signed: 

Printed Name: Peter Tong

AMENDMENT TRANSMITTALCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

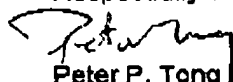
Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims		MINUS		00	x 26 =	x 52 =
Independent Claims		MINUS		00	x 110 =	x 220 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$	\$
Total					\$00.00	\$

- ☐ Applicant(s) hereby petition for a _____ - month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.138 to Deposit Account No. 50-0727 (Order No. 170-Cont2).
- ☐ Enclosed is a Credit Card Payment Form for the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 50-3874 (Order No. 170-Cont2).

Respectfully submitted,


 Peter P. Tong
 Reg. No. 35,757